



109 W. Bangs Street, Wauconda, IL 60084  
Phone: 847-526-9609 • Fax: 847-526-8967

## APPLICATION FOR RESIDENTIAL DWELLING INSPECTION

☐ REAL ESTATE SALE

☐ RENTAL TRANSFER

CASE #: \_\_\_\_\_

Application Date: \_\_\_\_\_ Property Closing/Transfer Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: (if different from above) \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

Basement: ☐ yes ☐ no

► A fee of \$75.00 for each separate dwelling unit to be inspected is required.

► Owner must contact Public Works at (847) 526-9604 for a final water meter reading

I hereby authorize and consent to the Village of Wauconda Building and Zoning Department's on-site inspection of the building/premises located at the address indicated at the top of the form on a scheduled date and time. I grant this authorization and consent freely and voluntarily, without any threats or promises having been made to me.

Under penalties as provided by law pursuant to 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this application are true and correct, except as to matter therein stated to be on information and belief, and except as to such matters, the undersigned certifies as aforesaid that he verily believes the same to be true.

☐ Owner/Agent will pick up Certificate of Compliance

☐ Fax Certificate to \_\_\_\_\_

☐ E-mail Certificate to: \_\_\_\_\_

Scheduling Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Required

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For office use only

1<sup>st</sup> Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm ☐ Pass ☐ Fail ☐ Authorized Pending Repairs

2<sup>nd</sup> Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm ☐ Pass ☐ Fail ☐ Authorized Pending Repairs

**\$75.00 Payment:** ☐ Cash ☐ Check #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Collected by: \_\_\_\_\_, Wauconda Building & Zoning Department